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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED SEP 15 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26935

BIRTH NO. _____ REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 4308 Registrar's No. 170

1. PLACE OF DEATH
a. COUNTY McDonald
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Noel
c. LENGTH OF STAY (In this place) 10yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo.
b. COUNTY McDonald
c. CITY OR TOWN Noel
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location) City 0600

3. NAME OF DECEASED (Type or Print)
a. (First) James b. (Middle) Earl c. (Last) Osborn

4. DATE OF DEATH (Month) (Day) (Year) 9-6-55

5. SEX Male

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Feb. 6th, 1884

9. AGE (In years last birthday) 71 IF UNDER 1 YEAR Months 7 Days 8 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Retired

11. BIRTHPLACE (City and State or Foreign Country) Berlin, Kans.

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Wallace Osborn

13b. MOTHER'S MAIDEN NAME Elizabeth Billings

14. NAME OF HUSBAND OR WIFE Elizabeth A. Osborn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO. 500-09-3124

17. INFORMANT'S SIGNATURE OR NAME Elizabeth A. Osborn ADDRESS Noel, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CA of Rectum c Metastases — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 15-4 X

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1954, *to* Sept, 1955, *that I last saw the deceased alive on* Sept 6, 1955, *and that death occurred at* 4:00 P *m., from the causes and on the date stated above.*

23a. SIGNATURE J. J. Royce (Degree or title) M.D.

23b. ADDRESS Noel, Missouri

23c. DATE SIGNED 9-10-55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 9-9-55

24c. NAME OF CEMETERY OR CREMATORY Lanagan Cem.

24d. LOCATION (City, town, or county) (State) Lanagan Mo.

DATE REC'D BY LOCAL REG. 9-12-55

REGISTRAR'S SIGNATURE Mayme Humphrey 423

25. FUNERAL DIRECTOR'S SIGNATURE F. M. Humphrey **ADDRESS** Noel, Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed B. M. Humphrey Jr.

Licensed Embalmer No. 476

P. O. Address Noel, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.